

# **PART B - FEE(S) TRANSMITTAL**

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## **Certificate of Transmission**

I hereby certify that this Fee(s) Transmittal is being deposited via EFSWeb to the United States Patent and Trademark Office on the date indicated below.

**John F. McKenna**  
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**88 Black Falcon Avenue**  
**Boston, MA 02210**

<b>Ryan T. Dee</b>	(Depositor's name)
<b>/Ryan T. Dee/</b>	(Signature)
<b>July 20, 2007</b>	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/603,851	06/25/2003	Kenneth L. Carr	102015-0040	3706

## **TITLE OF INVENTION: APPARATUS FOR MEASURING INTRAVASCULAR BLOOD FLOW**

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
<b>nonprovisional</b>	<b>YES</b>	<b>\$700</b>	<b>\$300</b>	<b>\$0</b>	<b>\$1000</b>	<b>08/03/2007</b>

EXAMINER	ART UNIT	CLASS-SUBCLASS
<b>SMITH, RUTH S.</b>	<b>3737</b>	<b>600-430000</b>

<p>1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).</p> <p><input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.</p> <p><input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. <b>Use of a Customer Number is required.</b></p>	<p>2. For printing on the patent front page, list</p> <p>(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,</p> <p>(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.</p>	<p><b>1 Cesari &amp; McKenna, LLP</b></p> <p>2 _____</p> <p>3 _____</p>
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

**Meridian Medical Systems, LLC**

**Woolwich, ME**

Please check the appropriate assignee category or categories (will not be printed on the patent) : ☐ Individual ☒ Corporation or other private group entity ☐ Government

4a. The following fee(s) are submitted:

☒ Issue Fee

☒ Publication Fee (No small entity discount permitted)

☐ Advance Order - # of Copies \_\_\_\_\_

4b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)

☐ A check is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number **03-1237** (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature /John F. McKenna/

Date July 20, 2007

Typed or printed name John F. McKenna

Registration No. 20,912

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